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PLACE OF BIRTH ARIZON	NA STATE BOARD OF HEALTH
County of BUREAU OF	VITAL STATISTICS State Index No.165
District of ORIGINAL CE	RTIFICATE OF BIRTH Co. Registrar's No 255
Town of Mann	Local Registrar's No
Or City of (No	
FULL NAME OF CHILD Ester avalor	·
If child is not named, make Supplemental Report on blank	obtainable from local registrar.   Alive   NO
Sex of Twin, Child Temple or other and Number in order of birth	Legiti- Date of O - 27 1982  Month Day, Yr.
Full FATHER Name Washing Ovales	Full MOTHER Maiden Ster Untervers
Residence Miami, arizona	Residence Miami, auguna
Color or Race Birthday Years	Color or Race Age at last 0 3 H
Birthplace	Birthplace D ( a D ) )
Occupation White	Occupation Arraemil &
Number of child of this Mother b Number of Children, of this mother, now living	g b Were precautions taken against Ophthalmia neonatorum? Yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of the above child; and that it occurred on Uch 37. 1923 at 20 M.	
{ *When there is no attending physi-}	Signature ( M. Crow M.C. Attending physician, midwife, householder.*
Given or Christian name added from a	Address Miami, aus on a
supplemental report Filed /3//2	2 191 B W. Hardy Ly C. & Livery
5/2-/027-542 Filed ///6	A True Copy () LOCAL REGISTRAR.  1912 COUNTY REGISTRAR.

N. D.—In care or many than one chidist birth, a SEFARENTE RETURN must be made forward, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.